

**St. Joseph Mercy Hospital
Cardiothoracic PA Residency Program**



Send Application and Fee To:

SJMH Cardiothoracic PA Residency Program
Michigan Heart & Vascular Institute
5325 Elliott Drive, Suite 102
Ypsilanti, MI 48197

Surgical Track **Critical Care Track**
 (CTPA) **(CTCC)**

Desired Start Date: Month _____ Year _____

Name:

_____ Last First M.I. Maiden

Social Security: XXX - XX - _____ **Email:** _____

Current Address:

_____ Street

_____ City / State Zip Code Phone

Permanent Address (if different from Current Address):

_____ Street

_____ City / State Zip Code Phone

Date of Birth: _____ **Gender:** **Male** **Female**

PA Program Attended /Attending: _____

Address: _____

_____ City / State Zip Code

Graduation (Month / Year): _____ **Degree:** _____

Undergraduate College _____

Degree Obtained _____ **Major** _____ **Graduation Year** _____

(please complete other side)

Do you currently hold a PA license in any state? No Yes: State(s) _____

Please list past medical experience, either as employment or as a volunteer:

<i>Position</i>	<i>Location</i>	<i>Dates</i>
<i>Position</i>	<i>Location</i>	<i>Dates</i>
<i>Position</i>	<i>Location</i>	<i>Dates</i>
<i>Position</i>	<i>Location</i>	<i>Dates</i>

Were you ever required to leave any college, graduate or professional school or ever denied readmission because of deficiencies in either conduct or scholarship? No Yes (*Explain below*)

Have you ever been convicted of a felony in any state, or had a professional license revoked?
 No Yes

Letters of Recommendation

Please provide the names of three people who will be sending recommendation letters on your behalf. (Note: one must be from your PA Program Director if you are a recent or current PA student.)

<i>Name</i>	<i>Title / Position</i>	<i>Daytime Phone Number</i>
<i>Name</i>	<i>Title / Position</i>	<i>Daytime Phone Number</i>
<i>Name</i>	<i>Title / Position</i>	<i>Daytime Phone Number</i>

Personal Statement

Please submit a one-page essay describing your career goals and source of interest in cardiothoracic surgery.

Attestation

I certify that the information in this application is complete and correct to the best of my knowledge and belief.

Signature of Applicant *Date*

It is the policy of the Residency Program not to discriminate on the basis of race, gender, religion or sexual orientation in admissions or employment. It is the Program's intent to comply with all applicable statutes and regulations.